| Effective December 8, 2004 10/5/1802 |  |                                 |                     |                                 |              |                   |            |             |                        |            |                     | )2                     |
|--------------------------------------|--|---------------------------------|---------------------|---------------------------------|--------------|-------------------|------------|-------------|------------------------|------------|---------------------|------------------------|
|                                      | CLAIMS AS FILED - PART I (Column 1) (Column 2)     |                                 |                     |                                 |              |                   | SMA<br>TYP | ענני<br>E [ | NTITY                  |            |                     | RTHAN                  |
|                                      | FOTAL CLAIM  | 1S                              |                     |                                 |              | -                 | R          | ATE         | FEE                    | ٦          | RATE                | · FEE                  |
| L                                    | OR   |                                 | NUMBE               | NUMBER FILED                    |              | NUMBER EXTRA      |            | C FEE       | <del></del>            | OF         | BASIC FE            |                        |
|                                      | OTAL CHARGEABLE CLAIMS                             |                                 |                     | .กinus 20=                      |              |                   | X\$        | 25=         |                        | OR         | X\$50=              |                        |
| 11-                                  | OEPENDENT  |                                 |                     | minus 3 =                       |              |                   | Χı         | 00=         |                        | OR         | \                   |                        |
| L                                    | IULTIPLE DEP                                       | TIPLE DEPENDENT CLAIM PR        |                     | RESENT                          |              |                   |            | 30=         |                        | 7          |                     |                        |
| ٠                                    | If the differend                                   | ce in column 1 i                | s less than         | less than zero, enter "0" in co |              |                   | <u> </u>   | TAL         |                        | OR         | +360=               |                        |
|                                      | CLAIMS AS AMENDED - PART II                        |                                 |                     |                                 |              |                   |            | · .         | <u> </u>               | 704        |                     | THAN                   |
| _                                    | <u> </u>   | (Column 1)                      | 1                   | (Column 2) (Column              |              |                   | SM         | ALL         | ENTITY                 | OR         | SMALL               |                        |
| AMENDMENTA                           | 14/9/07  | REMAINING<br>AFTER<br>AMENDMENT |                     | NUMB<br>PREVIO                  | ER<br>USLY - | PRESENT-<br>EXTRA | RA         | ΪE          | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  | 114                             | Minus               | -20                             | •            | = —               | X\$ 2      | 25=         | $\times$               | OR         | X\$50=              |                        |
|                                      | Independent<br>FIRST PRES                          | J                               | Minus<br>ULTIPLE DE | PENDENT                         | CLAIM        | =                 | X10        | بو          |                        | OF         | X200=               |                        |
|                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM     |                                 |                     |                                 |              |                   |            | 0=          |                        | OR         | +360≡               |                        |
|                                      |  |                                 |                     |                                 |              |                   |            | TAL         |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
| r- ,                                 | /  | (Column 1).                     |                     | (Columi                         |              | (Column 3)        |            |             |                        |            |                     |                        |
| AMENDMENT                            |  | REMAINING<br>AFTER<br>AMENDMENT |                     | NUMBE<br>PREVIOU<br>PAID FO     | ER<br>JSLY   | PRESENT<br>EXTRA  | RAT        | Ε           | ADDI-<br>FEE           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  |                                 | Minus               | 44 -                            |              | =                 | X\$ 2      | 5=          | Jack C                 | OR         | X\$50=              |                        |
|                                      | Independent  | *<br>ENTATION OF MI             | Minus               | ***                             |              | =                 | X100       | )=          |                        | OR         | X200=               |                        |
|                                      |  |                                 | octivee be          | PENDENT                         | CAIIVI       |                   | +180       | l_          |                        | OR         | +360=               |                        |
|                                      |  |                                 |                     |                                 |              | :                 | ADDIT, F   |             |                        | OR A       | TOTAL<br>DOIT, FEE  |                        |
| 7                                    | <del>,                                      </del> | (Column 1)                      |                     | (Column                         |              | (Column 3)        |            |             |                        | · <u> </u> |                     |                        |
| MEN                                  |  | REMAINING<br>AFTER<br>AMENDMENT | •                   | PREVIOUS<br>PAID FO             | R<br>SLY     | PRESENT<br>EXTRA  | RATE       | Ξ  Τ        | ADDI-<br>IONAL<br>FEE  |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                      | Total  | 4                               | Minus               | **                              |              | =                 | X\$ 25     | $\neg$      |                        | OR         | X\$50=              |                        |
|                                      | Independent  | 4                               | Minus               | ***                             |              | =                 | X100:      | _           |                        | <u> </u>   | X200=               |                        |
|                                      | HIRST PRESE  | NTATION OF MU                   | 1                   | - -                             |              | ~'`` <b> </b> -   |            |             |                        |            |                     |                        |
| • '                                  |  | × Y ×                           | •                   |                                 |              |                   | +180=      |             | (                      | OR L       | +360=               |                        |
| ·<br>·                               |  |                                 |                     |                                 | ٠. :         | • •               | •          |             |                        |            | •                   |                        |
|                                      | ·  |                                 | •                   | •                               |              | · .               | •          |             |                        |            |                     | Ì                      |